

Strengthening Health Promotion and Health Education in Alaska for the 21st Century



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Alaska Division of Public Health, Section of Community Health
and Emergency Medical Services, Health Promotion Program
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Introduction

The purpose of this document is to advocate for strong health promotion and health education programs in Alaska, and for the infrastructure needed to deliver quality health promotion services. This document also illustrates the importance of health promotion as an integral part of a strong public health system. Much of this document was developed as a response to the current statewide Alaska Public Health Improvement Process (APHIP) planning effort to improve the public health system in Alaska.

APHIP officially began in December 1997 with the award of a two-year grant from the Robert Wood Johnson Foundation to the State of Alaska to strengthen the public health system. The two-year statewide APHIP project includes:

- ▶ Assessing Alaska's public health system;
- ▶ Identifying an appropriate public health infrastructure for the 21st Century;
- ▶ Developing strategies to achieve needed changes in the public health system; and,
- ▶ Creating benchmarking and performance measurements for improving the public health system.

It is vital to ensure that health promotion and health education are incorporated into any public health system. This document is offered to individuals and agencies throughout Alaska as a guideline for strengthening health promotion and health education as a strategy to assure good health for all Alaskans.

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The many Alaskans committed to effective health promotion and health education

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Why Is Health Promotion and Health Education Important?

Achieving the nation's Health Objectives, Healthy People 2010 will depend on a strong system for assessment and surveillance of public health problems, building capacity and infrastructure for public health, and delivery of well developed health promotion and disease prevention interventions.

Too many Alaskans are dying prematurely, suffering acute and extended illnesses and serious injuries, and living with long term disabilities. The five leading causes of death in 1998 were cancer, heart disease, unintentional injuries, cerebrovascular disease (stroke) and suicide. Chronic diseases are among the most prevalent, costly and preventable of all diseases. Injury, the third leading cause of death in Alaska and the leading cause of years of life lost before age 65, is also preventable.

About half of all deaths occurring annually are attributable to modifiable behavioral risk factors. These risk factors include uncontrolled hypertension and diabetes, smoking, physical inactivity, poor diet, alcohol abuse, violence, not using safety devices and risky sexual behavior.

Alaskans are particularly at risk for chronic disease and premature death because of the high prevalence of risk factors. According to the Alaska Behavioral Risk Factor Survey (1998) of Alaskan adults: 26.1% smoke, 35.7% are overweight (BMI 25-29.9), 22.6% have high blood pressure[♦], 3% have diabetes, 19.2% engage in binge drinking, 3.8% engage in chronic drinking, and 34.7% do not wear safety belts[♦].

Prevention makes good economic sense, paying returns in improved health *and* reduced health care costs. For example, every \$1 spent on some vaccinations eliminates up to \$29 in future health care costs. Another example, according to the Centers for Disease Control and Prevention (CDC), is that one-time screening for cervical cancer can save nearly \$6,000 per 100 tests. Health promotion and education are vital to informing the public of the need for such things as vaccinations and cancer screenings. According to CDC, many current prevention strategies promote good health at a reasonable cost.

♦ Reflects 1997 data, which is the most current.

What Is Health Promotion and Health Education?

Health Promotion is the combination of education and environmental supports for actions and conditions of living conducive to health. The actions or behaviors in question may be those of individuals, groups or communities, of policy makers, employers, teachers, or others whose actions control or influence the determinant of health. The purpose of health promotion is to enable people to gain greater control over the determinants of their own health. This control ideally resides with the individual when the determinants are ones over which he or she can exert personal control, but with some aspects of the complex lifestyle issues, especially those that affect the health of others, such as drunk driving, the control that people exercise must be through community decisions and actions. (ASTDHPPE)

Health Education is an educational process concerned with providing a combination of approaches to lifestyle change that can assist individuals, families and communities in making informed decisions on matters that affect restoration, achievement and maintenance of health.

Primary Prevention is the intervention or use of specific strategies and programs to reduce the occurrence of disease in a population. The first level of prevention, it is aimed at deterring disease before it occurs.

Population-Based Approach provides interventions aimed at disease prevention and health promotion that affect an entire population and extend beyond medical treatment by targeting underlying risks, such as tobacco, drug and alcohol use; diet and sedentary lifestyles; and environmental factors.

Public Health's mission is to fulfill society's interest in assuring conditions in which people can be healthy. Its aim is to generate organized community effort to address the public interest in health by applying scientific and technical knowledge to prevent disease and promote health.

Public Health



The most effective community health promotion programs are:

- ▶ Comprehensive
- ▶ Based on multiple intervention strategies
 - Education
 - Policy
 - Environmental
- ▶ Culturally relevant
- ▶ Community-based

A strong health promotion system includes schools, the workplace, health care sites and the community. These settings serve as channels for reaching the desired people as well as sites for applying strategies. These settings also generate the possibility of intervening at the policy level to facilitate healthful choices.

Some examples of interventions in the following settings include:

- ▶ **Schools:** Health education curriculum K-12, physical education, health services
- ▶ **Worksites:** Health screening and education, fitness programs, health focused worksite policies
- ▶ **Health Care Sites:** Prevention health screening and lifestyle counseling, smoking intervention, HIV/AIDS prevention education
- ▶ **Community:** Health community initiatives, community coalitions, health promotion policies

What Are the Main Functions of a Health Promotion and Health Education Program?

Health promotion and health education programs can be broad in nature or can focus on specific areas such as public education, information and health communication, tobacco prevention and control, injury prevention, cardiovascular risk reduction, worksite health promotion, physical activity and nutrition, breast and cervical cancer interventions, diabetes education, comprehensive sexuality education, HIV education, community health education and school health education.

Major Health Promotion and Health Education Functions:

- Health promotion program management, planning implementation and evaluation
- Public health education and information services
- Community organization and technical support
- Training and continuing education

Who Does Health Promotion and Health Education?

Although many types of health professionals play a role in promoting health and providing health education, health education professionals are specially trained in health education theory and practice. The health education profession was designated as an occupation by the US Department of Labor in 1998. It adheres to one of two Codes of Ethics, the one prescribed by the Society of Public Health Educators and the American Association of Health Education. There is also a nationally recognized certification for health educators sanctioned by the National Commission for Health Education Credentialing (NCHEC). There are currently 40 health educators in Alaska with this certification.

Competencies for Certified Health Education Specialists:

- Assessing individual and community needs for health education
- Planning effective health education programs
- Implementing health education programs
- Evaluating effectiveness of health education programs
- Coordinating provision of health education services
- Acting as a resource person in health education
- Communicating health and health education needs, concerns and resources

ESSENTIAL PUBLIC HEALTH SERVICES	Program Management	Health Education Resources Information Services
Monitor health status to identify community health problems	<ul style="list-style-type: none"> • Conducts needs assessment, research and evaluation in health promotion and health education areas, such as BRFSS and other surveillance systems (S, L) 	<ul style="list-style-type: none"> • Presents findings to public on health status (S, L)
Diagnose and investigate health problems and health hazards in the community	<ul style="list-style-type: none"> • Tests and counsels for specific health problems and hazards, such as HIV/AIDS (L) 	
Inform, educate, and empower people about health issues	<ul style="list-style-type: none"> • Develops and administers program related resources (S, L) • Develops, conducts and evaluates health promotion and education initiatives, projects, etc. (S, L) 	<ul style="list-style-type: none"> • Maintains a public health library, bibliographies, resource lists (S, L) • Provides or assists in mass media campaigns; determines media advocacy strategies (S, L)
Mobilize community partnerships to identify and solve health problems	<ul style="list-style-type: none"> • Facilitates and conducts community assessment (L) • Facilitates and conducts program planning (S, L) • Applies for and administers program related funding (S, L) 	
Develop policies and plans that support individual and community health efforts	<ul style="list-style-type: none"> • Translates health promotion, health education and behavior change research and theory into practice through planning, Health People 2010 objective setting activities, legislative activity (S, L) • Integrates and coordinates health promotion and health education programming into other existing department programming (S) • Develops policies and guidelines in health promotion (S, L) 	
Enforce laws and regulations that protect health and ensure safety		<ul style="list-style-type: none"> • Educates public on laws and regulations (S, L)
Link people to needed personal health services and assure the provision of health care when otherwise unavailable		<ul style="list-style-type: none"> • Develops and implements information and referral sources to assist people in obtaining needed health care (L) • Develops and implements clinical preventive services/education (L)
Assure a competent public health and personal health care workforce		
Evaluate effectiveness, accessibility and quality of personal and population-based health services	<ul style="list-style-type: none"> • Designs and evaluates existing efforts for planned systematic and audience-segmented outreach and marketing activities (S, L) 	
Research for new insights and innovative solutions to health problems	<ul style="list-style-type: none"> • Monitors national research, state and local demonstration projects (S, L) 	

AND HEALTH EDUCATION FUNCTIONS WITHIN PUBLIC HEALTH

Consultation and Technical Assistance	Training and Continuing Education
<ul style="list-style-type: none"> • Locates, selects and/or develops education materials and resources (S, L) • Reviews health education programming occurring in the state health department, and makes recommendations, when appropriate, for improvements (S) 	
<ul style="list-style-type: none"> • Assists local and state personnel with developing strategies to address health promotion and risk reduction objectives of Healthy People 2010 (S, L) • Provides assistance to non-public health personnel on selecting resources and initiating community and grassroots health promotion programming (S, L) • Assists local communities with community assessment and planning through programs, such as PATCH, APEX, etc. (S) 	
<ul style="list-style-type: none"> • Assists state and local public health personnel with selecting appropriated health education and health promotion materials and methodologies (S) • Establishes policies and plans based on statewide and community-based, multi-discipline collaboration (S, L) • Incorporate coalition building into policies and planning (S, L) • Forms community partnerships to solve health problems (S, L) 	
<ul style="list-style-type: none"> • Assists law enforcement in regulation and policy development (S, L) 	
	<ul style="list-style-type: none"> • Conducts assessments of health promotion and health education training needs (S, L) • Provides continuing education and inservice education for health educators and those involved in health education and promotion programming, e.g. behavior change theory, marketing, community mobilization (S) • Facilitates continuing education for CHES credit through continuing education requirements (S, L) • Plan and implement professional education and training (S, L)

Status of Health Promotion and Health Education in Alaska

State Level

Centralized health promotion and health education efforts within the State Division of Public Health originated in 1982 with the receipt of the federal Preventive Health and Health Services Block Grant. This office also administered health education and risk reduction grants to community organizations and agencies in Alaska. The functions of the office were reduced in 1984, and the Block Grant oversight was transferred to the Director's office, Division of Public Health.

Today the Preventive Health and Health Services Block Grant continues to be dedicated to health promotion efforts within the Primary Care and Health Promotion Unit, Section of Community Health and Emergency Medical Services. This unit includes the state Injury Prevention Program, the Tobacco Prevention and Control Program, the Behavioral Risk Factor Surveillance System and administers community-based health promotion grants.

Other health promotion and health education related programs exist within the Division of Public Health. They include Diabetes Prevention and Control, Breast and Cervical Cancer Intervention, HIV and STD program, Community Nutrition Programs, the Family Violence Prevention Program, and Adolescent Health and the Youth Risk Behavior Survey. Most health promotion, disease prevention and injury prevention programs within the Division of Public Health are federally funded by the federal Center for Disease Control and Prevention and Health Resources and Services Administration within the U.S. Public Health Services.

Federal Level

Indian Health Service and Alaska Area Native Health Service (IHS/AANHS)

At one time, the AANHS maintained a Health Education Office. This office provided support for a regional health education system. The support took the form of grants to regional tribal health organizations to support health education

coordinators, technical assistance to the regions, and facilitation of networking between the regions.

With the implementation of compacting, AANHS funds have been distributed to individual tribes, or transferred to the new Alaska Native Tribal Health Consortium.

Local Level

The Municipality of Anchorage Department of Health and Human Services is the only municipality that maintains a centralized health education and promotion function. It exists within the department's Community Health Promotion section. The Community Health Promotion section develops initiatives to prevent physical, social and environmental health problems. Much of the work is community-based, and includes assessing the status of different problems in Anchorage's population. Examples of current projects and areas of activity include public health information activities; injury control and prevention; public health nutrition; alcohol abuse prevention; public health indicators project; and tobacco prevention and control.

Tribal Health Organizations

Funding that was previously designated to support the AANHS Health Education Office is now distributed to Alaska's compacting tribal health organizations. A number of tribal health organizations have maintained or strengthened their health education capacity. Others have decided to discontinue this function and direct funding into other health services.

Voluntary and Private Non-Profit Organizations

Voluntary organizations such as the American Cancer Society, American Lung Association, American Heart Association and other private non-profit organizations throughout Alaska play an important role as a partner in health promotion.

Recommendations to Strengthen Health Promotion and Health Education in Alaska

Issue 1: There is a lack of resources (including funding) dedicated to health promotion and health education in Alaska.

Recommendations to Address Issue:

- ▶ Increase awareness of the value of primary prevention and health promotion.
- ▶ Increase state commitment to health promotion and health education efforts.
- ▶ Allocate funds from the state public health budget for primary prevention and health promotion programs.
- ▶ Require that comprehensive preventive health screening and services are covered by third party payers.
- ▶ For any health legislation, ensure appropriate related health promotion and health education services.
- ▶ Conduct ongoing comprehensive assessment of existing health promotion throughout Alaska.

Issue 2: There is a lack of preparation and training opportunities for health professionals in the area of health promotion and health education in Alaska.

Recommendations to Address Issue:

Post Secondary Education

- ▶ Offer undergraduate degree program in health education in community health or school health.
- ▶ Offer a minimum number of health education courses in combination with other degrees to make Alaskan students eligible for CHES certification.
- ▶ Offer opportunities for graduate study in health promotion and health education.
- ▶ Recognize CHES credential in jobs.
- ▶ Offer a two-year paraprofessional degree or certificate program.
- ▶ Require teachers to have a minimum number of credits in personal health and methods of instruction for health for education degrees.
- ▶ Establish health promotion and disease prevention research and training center based at an Alaskan university.

Continuing Education

- ▶ Sponsor training and conferences for health professionals.
- ▶ Utilize and enhance distance learning opportunities for health promotion training.
- ▶ Support ongoing teacher training in health education.

Recommendations *(continued)*

Issue 3: There is a lack of coordination among health promotion services, agencies and programs in Alaska.

Recommendations to Address Issue:

- ▶ Create state public health committee that includes a health promotion subcommittee to provide coordination of state, federal, local and minority health organizations and programs to share resources, funding options, workforce development and training, data and research opportunities and guide program activities.
- ▶ Establish linkages to increase coordination and collaboration between the Departments of Health and Social Services and Education and Early Development on health promotion and education.
- ▶ Ensure coordination of health promotion, disease prevention and injury prevention programs within state departments and divisions.

Issue 4: There is a need to improve state government's leadership, support, and technical assistance to local health promotion and health education programs and services.

Recommendations to Address Issue:

- ▶ Promote best practices in health promotion.
- ▶ Promote services that are culturally appropriate.
- ▶ Elevate visibility and position of state health promotion office within public health by implementing the Association of State and Territorial Directors of Health Promotion and Public Health Education's core functions:
 - Health promotion and health education program planning, implementation and evaluation;
 - Public health information – health education and resources information services;
 - Training and continuing education; and
 - Community organization and advocacy.
- ▶ Develop comprehensive technical assistance services to local and regional communities.
- ▶ Establish a position to coordinate with rural and tribal communities and a position to coordinate with urban communities on minority health issues.

Recommendations *(continued)*

Issue 5: There is a need to increase the capacity to provide health promotion services promotion and health education programs at the local level:

Recommendations to Address Issue:

Community

- ▶ Establish and designate professional community health education coordinator positions within every regional public health center, tribal health organization, local public health centers and community hospitals.
- ▶ Promote, train, and support paraprofessional community health promoters in small communities through local, regional and statewide training opportunities.
- ▶ Provide funds for grants for community-based health promotion programs.

Schools

- ▶ Implement comprehensive school health programs K-12.
- ▶ Increase the number of school health clinics with health services, including counseling, psychological and social services.
- ▶ Require the credentialing of school nurses.
- ▶ Require and implement daily school physical education (including university level).
- ▶ Establish school health nursing positions or school health curriculum coordinators in all school districts. Itinerant school nurses traveling to smaller schools to provide clinical and health education services.
- ▶ Increase the number of school health advisory boards at the local level.

Worksite Setting

- ▶ Encourage worksites to provide comprehensive wellness programs.
- ▶ Encourage worksites to develop policies that promote health, for example healthy cafeteria food, supportive exercise policies.

Health Care Setting

- ▶ Implement primary health care providers doing routine preventive counseling and charting, for example “Putting Prevention into Practice.”
- ▶ Greater emphasis on prevention of disease and promotion of health and universal early screening and detection for all.
- ▶ As the Telemedicine project evolves, use educational kiosks for health risk appraisals, delivering messages to clients, etc.

Resources

Alaska Division of Public Health
Section of Community Health and Emergency
Medical Services
Primary Care and Health Promotion Unit
P.O. Box 110616
Juneau, Alaska 99811-0616
Phone: (907) 465-3140
Website: <http://www.chems.alaska.gov>

Alaska Health Education Consortium
P.O. Box 100563
Anchorage, AK 99510
Website: <http://www.auroraweb.com/ahec>

Association of State and Territorial Directors of
Health Promotion and Public Health Education
750 First Street NE, Suite 1050
Washington, D.C. 20002
Website: <http://www.astdhppe.org>

Coalition of National Health Education
Organizations, U.S.A.
Towson University
Department of Health Science
146 Burdick Hall
Towson, Maryland 21252-0001
Phone: (410) 830-4217, Fax: (410) 830-4670

National Commission for Health Education
Credentialing, Inc.
944 Marcon Boulevard, Suite 310
Allentown, PA 18103
Phone: (888) 624-3248
Website: <http://www.nchec.org>

Society for Public Health Education
750 First Street NE, Suite 910
Washington, D.C. 20002-4242
Phone: (202) 408-9804
Website: <http://www.sophe.org>

Sources

Modeste, Naomi N.: Dictionary of Public Health
Promotion and Education Terms and Concepts.
Sage Publications, 1996.

Association of State and Territorial Directors of
Health Promotion and Public Health Promotion
and Public Health Education: Roles and Functions
of Health Promotion and Health Education Units
in State Health Departments.

Glanz, Karen, Lewis, Frances Marcus, and Rimer,
Barbara K., Editors: Health Behavior and Health
Education, Theory, Research and Practice. San
Francisco, Jossey-Bass Publishers, 1997.

U.S. Department of Health and Human Services,
Public Health Service, Centers for Disease Control
and Prevention: Unrealized Prevention
Opportunities: Reducing the Health and Economic
Burden of Chronic Disease. 1998.

U.S. Department of Health and Human Services,
Public Health Service, Centers for Disease Control
and Prevention: An Ounce of Prevention . . .
What are the Returns? 1999.

Turnock, Bernard J.: Public Health: What It Is and
How It Works. Aspen Publisher, 1997.

Dignan, Mark B., and Carr, Patricia A.: Program
Planning for Health Education and Promotion.
Philadelphia, Lea & Febiger, 1992.

Committee for the Study of the Future of Public
Health, Division of Health Care Services, Institute
of Medicine: The Future of Public Health.
Washington, D.C., National Academy Press, 1988.

Health promotion standards from The Health of
Washington State.

“What is public health, prevention and health
promotion/education”: from Quality in Health
Promotion, Texas Department of Health Standards
and Practice for Health Promotion.

“Community Approach to Health Promotion”: from
Center for Health Promotion, South Carolina
Department of Health and Environmental Control.

“State Education Agency and State Department of
Health Standards”: from National Health
Education Standards.

“Essential Public Health Services” from Public Health
in America.